

Case Number:	CM14-0189421		
Date Assigned:	11/20/2014	Date of Injury:	06/06/2002
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, migraine headaches, and major depressive disorder reportedly associated with an industrial injury of June 6, 2002. In a Utilization Review Report dated October 24, 2014, the claims administrator approved requests for Zoloft and buprenorphine, partially approved/modified a request for Xanax and Norco, and denied Ambien and butalbital outright. The claims administrator stated that its decision was based on an RFA form dated August 8, 2014. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant reported ongoing complaints of chronic low back pain radiating to the bilateral lower extremities. Headaches were also noted. The applicant was on Ambien, Fioricet, Levitra, Ativan, Nexium, Zoloft, Norco, buprenorphine, and Maxalt, it was noted. The applicant was status post a lumbar fusion. The applicant was off of work and receiving both Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits. The applicant's BMI was 35. The applicant was placed off of work and deemed permanently disabled, it was acknowledged. Zoloft, Xanax, Norco, Ambien, and Fioricet were sought. It was stated that lorazepam (Ativan) was being employed for anxiolytic effect while Ambien was being employed for sleep disturbance purposes. In an August 8, 2014 progress note, the applicant reported ongoing complaints of headaches and low back pain. The applicant presented to appeal previously denied Botox injections. The applicant was given refills of Zoloft, Xanax, Norco, Ambien, butalbital, buprenorphine, and Norco. The applicant was deemed permanently disabled, it was acknowledged. The attending provider stated that the applicant was spending much of his time in bed on the grounds that he had not received Botox injection also at issue.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-401, 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant and/or attending provider appeared intent on employing Xanax for chronic, long-term, and/or scheduled-use purposes, for anxiolytic effects. This is not an ACOEM-endorsed role for Xanax. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not outline why the applicant needed to use two separate anxiolytic medications, namely Xanax and Ativan on a day-to-day basis. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Norco 10-325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant was described as spending much of his day bedbound on recent office visits of August 8, 2014 and July 7, 2014. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien for what appears to be a minimum of several months. Such usage, however, is incompatible with the FDA label. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider has failed to outline a compelling basis for provision of Ambien, a sedative agent, in conjunction with two other sedative/anxiolytic medications, namely Ativan and Xanax. Therefore, the request was not medically necessary.

Butalb-Caffenine-Acetaminophen-Codeine 50-325--40-30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Barbiturate-containing Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics topic Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as the butalbital agent at issue here are considered "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale, medical evidence, or narrative commentary which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.